

## Barchester Healthcare Homes Limited

# Mount Vale

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Mount Vale is a residential care home providing personal and nursing care to 53 people at the time of the inspection. The service can support up to 62 older and younger adults some of whom are living with dementia.

The ground floor of the service accommodates people with general nursing and residential needs. The first floor (Memory Lane) supports people living with dementia who have nursing or residential needs.

### People's experience of using this service and what we found

Improvements had been made to the way staff recorded people's behaviours, and the triggers for these behaviours, in relation to people living with dementia. Work had been completed on positive behaviour plans which guided staff on the action needed when dealing with specific behaviours, to ensure people stayed safe and well.

Staff had received training and development around management of dementia; and further training sessions were planned. The provider employed dementia specialist nurses who supported staff in their work with people's individual strengths to ensure their independence, wishes and choices were promoted.

Staff knew about people's individual care needs and people said they received good support.

People's medicines were administered safely, and people said these were given on time and when needed. People told us they felt safe and well supported. The provider followed robust recruitment checks, and enough staff were employed to ensure people's needs were met.

Staff followed good infection protection and control standards and people said the service was clean and smelt fresh.

Communication was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People ate nutritious, well cooked food, and said they enjoyed their meals. Their health needs were identified, and staff worked with other professionals, to ensure these needs were met.

People participated in a wide range of activities and enjoyed the company of others in the service. People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

The service was well-led; systems were in place to assess and improve the quality of the service and complaints were responded to thoroughly. There was an open culture and learning was encouraged to drive improvement.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 8 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Mount Vale

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The first day of the inspection was carried out by an inspection manager, an inspector and an Expert by Experience. The inspector completed the inspection on day two.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Mount Vale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service, seven relatives and one healthcare professional about their experience of the care provided. We spoke with 13 members of staff including the regional director, registered manager, dementia director, clinical development nurse, two registered nurses, care staff, activity staff and the housekeeper. We spent time observing care on the Memory Lane unit to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and 13 medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection in 2017 we recommended that the provider found out more about positive behaviour management based on current best practice and improve the systems in place to benefit people with such specialist needs.

At this inspection action was taken and the recommendation was met.

- On the first day of inspection we found action had not been taken to improve the positive behaviour management plans for people with specialist needs. Staff were not following what information was in the care plans when managing people's behaviours. This was discussed with the registered manager and regional director who took immediate action to rectify this.
- By the second day of inspection the dementia specialist nurse employed by the provider was working with staff in the service. They helped staff to develop their knowledge and skills in how to support people living with dementia who may display distress and people who displayed behaviours such as anxiety associated with their mental health concerns. Formal training sessions for staff were booked for the next few weeks.
- Positive behaviour management plans were being written by the clinical development nurse and put into the care files. The new plans were detailed and gave clear instructions to staff on how to manage behaviours including strategies to work through to diffuse incidents and reduce people's anxiety.
- Staff told us they found the new behaviour management plans easy to read and follow. People on Memory Lane were settled and interacting with staff in a meaningful way.
- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire. People said they felt safe in the service and were well looked after.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The management team monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.
- People were safe from abuse or harm. A person told us, "Yes, I am safe. The nurse is super, I have confidence to talk to them if I have any worries."

### Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the

employment of unsuitable staff.

- There were enough staff on duty to meet people's needs, to enable people to take part in social activities and to attend medical appointments. People told us they received care in a timely way. One relative said, "There are enough staff, [Name] is well looked after, the staff are lovely."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had competency assessments completed to ensure their practice was safe. A person told us, "I get my tablets regularly in the morning, I never need to worry about them."

Preventing and controlling infection

- The service was clean and tidy throughout. Staff had received infection prevention and control training and followed the provider's policy and procedure to ensure people were protected from the risk of infections spreading.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.
- The registered manager had introduced care plans for oral health care and communication into the care files. These were basic, but the regional director said they would be developed and improved over the next 12 months.
- Communication was good between staff and families, but staff said there was some disconnection between care staff, nurses and the management team. However, this had no impact on the quality of care being given and the regional director said this would be looked at and improved.

Staff support: induction, training, skills and experience

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff were confident when using equipment and people were at ease when staff assisted them with moving around the service. A person said, "When staff are moving and handling me they do a good job. They always make me comfortable."
- A staff induction and training programme was in place. The registered manager reviewed this and had an action plan for refresher training as it came due.
- Staff were supported through regular supervision and annual appraisals. They told us, "There is a strong supportive team of staff working here, who have guidance from the management team."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met and choice was provided. Staff offered people appropriate support with eating and drinking and different options of meals. A person said, "There's quite a variety I can eat something I like every day."
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A health care professional gave positive feedback about the service. They said, "The staff are organised and information is readily available if I need it. Staff are responsive to any advice given."
- People had good access to health care professionals. Records of visits were kept and people had

documents in place, to provide key information should they need to go into hospital.

- Care files contained information about each person's health needs and the support they required to remain as independent as possible. A person told us, "I've improved since being here. I can get up from the chair easier and 'I'm a bit more active."

Adapting service, design, decoration to meet people's needs

- The environment of the service was dementia friendly and welcoming. The design and layout of the service met the needs of people who lived there. For example, bathrooms and toilets had aids fitted to assist people with using the facilities; specialist beds, mattresses and lifting equipment also meant people were comfortable when in bed or being assisted by staff to move from bed to chair.
- Memory Lane was not as well decorated as the ground floor, but the regional director told us refurbishment work was due to start in 2020 in the kitchenette and other areas.
- People were pleased with their bedrooms. Those we saw were nicely decorated and people were able to bring small items with them when they came in to stay.
- People had access to outdoor space. There was a greenhouse, summer house and raised flower beds within a secure outside area. The walkways were flat to aid people's mobility and there were benches, tables and parasols to use in better weather.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about their relationships with staff. A person said, "The staff are very caring. They do my hair, clean my teeth and always ask if there is anything else I need before leaving me."
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond. People appeared well looked after and well groomed. A relative told us, "The care staff are involved, they give people a hug, offer cups of tea, and they are interacting all the time. They wouldn't walk into a room and not talk."
- Staff treated people as equals. They showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices and decisions about their care and support. A person said, "I needed to see the Dentist, but I've moved areas. The nurse said don't worry I'll find you a dentist, and they arranged for me to see one in the town. They took me with a helper."
- People had support from their families or advocates if they needed help with making decisions. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.
- People and relatives said they were involved in planning and reviewing the care and support given by staff. A person said, "I have read my care plan and it's accurate." A relative told us, "I've been to the Best Interests meeting and the DoLS meeting. [Name's] care plan is always available, I've signed it and when we have the review, I feel listened to."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity; staff helped people meet their personal care needs and dress according to their personal preferences.
- Staff spoke with people in a polite and respectful way and showed an interest in what people wanted to say to them. They called people by their preferred name, knocked on bedroom doors before entering and ensured people had privacy when supporting them with personal care.
- There were kind and caring interactions between staff and people, where people were encouraged to be as independent as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file.
- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "Staff listen to me and respect my wishes about my care."
- People and their representatives were involved in reviews of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.
- The registered manager was aware of the need to make information for people available in formats they could understand. Most of the documents within the service could be provided in different formats on request. For example, easy read, large print, braille or a different language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed the social activities arranged for them. They did arts and crafts, quizzes, board games and entertainers came into the service offering exercise sessions and musical afternoons. One person told us, "Tomorrow it's Aqua fanatics. It's a young person from Thirsk, who brings in a collie dog, spiders, snakes, chickens, chipmunks, guinea pigs, and a tortoise. We can stroke them and it's lovely."
- Activities were based on what people wanted on the day, although there were also weekly planned activities. A relative said, "[Name] is constantly pottering about, they like to do dusting here. Mr Motivator he's great, fifteen minutes with him, that's enough for [Name]. You see people smile when he comes who don't often smile."
- People enjoyed attending regular in-house church services and said their religious needs were met.

Improving care quality in response to complaints or concerns

- The provider managed complaints well. A relative told us, "Our family are listened to by the manager and concerns are taken seriously."

- The provider's complaint procedure and systems were effective at addressing issues. People and relatives could be confident their issues would be positively addressed.

#### End of life care and support

- End of life care was not always well documented in the care files, but feedback from the compliment book, received over the last two months, indicated good care has been received. One relative had written, "Thank you for the kindness, sensitivity and professionalism shown to [Name]. We were made to feel welcome and enjoyed interactions with staff and nurses. We couldn't have found a better place for them."
- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative said, "It's a lovely atmosphere, it's homely, welcoming and I find everyone is treated as an individual, they know everyone's likes and dislikes."
- Staff morale was high, and the atmosphere was warm, happy and supportive.
- Staff understood the provider's vision for the service and told us they worked as a team to deliver high standards.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Regular checks were completed by the staff and registered manager to make sure people were safe and happy with the service they received. All issues found had been used to continuously improve the service. A relative said, "If the manager or staff are about, we are never ignored."
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law. A relative said, "I am happy with the level of communication between the manager, staff and myself. You can get hold of someone when you need to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were in place to ensure the service was assessed or monitored for risk, quality and safety. However, these had not identified that positive behaviour care planning had not been addressed from the last inspection. The regional director took immediate action on our findings and arranged additional training for staff and input from their specialist dementia team.
- The service was well run and people who used the service were treated with respect and in a professional manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.